

of the chief interests of the Diabetic Association. One of the complicating features of the elderly diabetic is that so many homes for the aged and elderly are not prepared to accept him (or her) because of the special diets and extra medical care which are required. The Association is hoping that it may be possible to open other Homes for these unfortunates in the provinces.

London, May 1954.

WILLIAM A. R. THOMSON

OBITUARIES

DR. WILLIAM ARRELL, 86, died in Hamilton, Ont., on April 8. A graduate in medicine of the University of Toronto in 1894, he practised in Caledonia for a short time and in Cayuga, Ont., for 14 years. After taking a postgraduate course in New York he returned to Hamilton as an ear, eyes, nose and throat specialist. He retired in 1942.

DR. WILLIAM ALBERT CLARKE of New Westminster, B.C., died on April 7 at the age of 67. Born in Toronto and a graduate in medicine of the University of Toronto in 1910, he practised first in Brock, Sask., and then in Vancouver, B.C. In 1914 he enlisted in the Canadian Medical Corps and served as a major with the Fifth General Hospital at Salonika, Greece. For many years he was physician to the British Columbia Penitentiary, the port of New Westminster and the Canadian Pacific Railway. In 1942 Dr. Clarke re-entered the medical corps and served with the rank of lieutenant-colonel as second-in-command to the Pacific Command medical officer. He was a past president of the British Columbia Medical Association and, in 1920, was one of six doctors awarded the Prince of Good Fellows award. He is survived by his widow and two sons.

DR. C. P. FENWICK, wartime director-general of medical services for the Canadian Army, died at his home in Montreal on March 20 at the age of 62. A native of St. John's, Nfld., he attended London University, Eng., before entering the University of Toronto where he graduated in medicine in 1916. One year later he won the Military Medal while serving with the Canadian Expeditionary Force. After World War I, while in private practice in Toronto, he maintained his connection with the non-permanent active militia. In 1934 he became a lieutenant-colonel and five years later received the Efficiency Decoration. In 1939 Dr. Fenwick went overseas with the first division and his subsequent career saw him in all Canadian theatres of World War II. In his rise to director-general of medical services he was successively assistant director and deputy director, having held the latter position during the invasion of Europe on D-Day. The King honoured him twice for his services, creating him Commander of the British Empire in 1944 and Companion of the Bath in 1946. On his return to Canada, Dr. Fenwick became chief of medical services for the Canadian Pacific Railway. In this position he directed the work of eight district medical officers and 375 part-time medical officers throughout Canada. He continued as a member of the Medical Defence Council and was president of the Defence Medical Association in 1946-47. Dr. Fenwick is survived by his widow and two daughters.

DR. ESLEY R. FROATS died in Yonkers, N.Y., on March 23 at the age of 51. Born in Spencerville, Ont., he graduated from Queen's University. He was attending surgeon and secretary of the medical board of Yonkers Professional Hospital and was past president of the Yonkers Academy of Medicine.

DR. JOSEPH VICTOR GOYETTE of Granby, Que., died on March 14 after a lengthy illness. Born in 1910, he graduated in medicine from the University of Montreal in 1939. Dr. Goyette practised in Granby until 1943 when he took a three-year postgraduate course in surgery at the University of Pennsylvania. On his return he served as surgeon of the Saint Joseph Hospital in Granby until his illness in 1951. Dr. Goyette was founder and past president of the Medical Society of Granby. He is survived by his widow and two children.

DR. CLARENCE HENRY died on March 9 in Shaughnessy Veterans' Hospital, Vancouver. A native of Norwich, Ont., he graduated from McGill University in 1902 and opened his practice in Yorkton, Sask. In World War I he served overseas with No. 8 Saskatchewan Hospital Unit. After the war he remained in Yorkton until 1923 when he went to Regina to become the first practising radiologist in that city. During his years on the prairies, Dr. Henry was health officer at Yorkton and was active in originating milk pasteurization. In 1931 he became the first therapist in the Regina cancer clinic where he remained until 1940 when he left to go into private practice in Victoria, B.C. He retired in 1947. He is survived by his widow, three daughters and one son.

DR. BRUNO LAHAYE, 52, died in Quebec, Que., on March 17. Born at St. Zephirin de Yamaska, Que., he graduated in medicine from the University of Montreal. After practising in Nicolet, Que., for eight years he joined the health department and devoted the rest of his life to the problems of public health. He formed one of Canada's first sanitation organizations in Nicolet and, after taking a course in preventive medicine at the University of Toronto, he went on to become medical health officer of the Province of Quebec. A member of many provincial and national medical associations, Dr. Lahaye is survived by his widow, one daughter and one son.

DR. JOHN HENDERSON McFAUL, 91, died in Toronto on April 4. Born near Seaforth, Ont., he graduated from Trinity Medical College. He was the last living member of the class of 1887. Dr. McFaul began his practice in Toronto in 1892 and was on the staff of the Western Hospital when it had its beginning in a house. He continued to practise in Toronto until his retirement in 1934. He is survived by two daughters and one son.

DR. WILLIAM L. ROBINSON, provincial pathologist in Ontario for 40 years, died at Toronto General Hospital on March 26. Born in Portage La Prairie, Man., in 1885, he attended McMaster University and later the University of Toronto where he received his degree in medicine in 1913. For a short time he served as medical officer for construction crews building the railway through the Kettle Valley in the Rocky Mountains. In 1914 he joined the pathology department of the University of Toronto and, apart from service as medical officer at No. 4 Canadian General Hospital in England during World War I, he remained with the department until his death. In addition to his work as professor of pathology at the University of Toronto, associate director of the pathology department and a lecturer in medical jurisprudence, Dr. Robinson was also consulting pathologist to the chief coroner's office, the Toronto General and Sunnybrook Military Hospitals. In the *Noronic* disaster of September, 1949, he played a key role in the work of identifying the victims. He is survived by one son and one daughter.

WILLIAM LIPSETT ROBINSON,
B.A., M.B., F.R.C.S.[C]

AN APPRECIATION

In the passing of Dr. William Robinson, for many years pathologist to the Toronto General Hospital and Professor of Pathology in the University of Toronto, Canadian Medicine has suffered a well-nigh irreparable

loss. His fame as a histopathologist and his high reputation as an expert in forensic medicine transcended the boundaries of his native Canada; his idealism, his love of his fellow men, his capacity for friendship, and the warmth of his personality, endeared him to all with whom, in the course of a long, busy and useful life, he came in contact. Truly, he exemplified what was said of our profession by Robert Louis Stevenson, "When this stage of man is over and done with, and only remembered to be marvelled at in history, he will be thought to have suffered as little as any from the defects of his period, and most notably exhibited the virtues of his race."

In 1915 he joined the staff of the Department of Pathology of the University of Toronto, then under the direction of the late Professor J. J. Mackenzie. As professor he served the department with, successively, the late Professor Oskar Klotz, Professor William Boyd, and Professor John Hamilton. He retired, owing to ill health, in 1953. During World War I, he served with the Canadian Army Medical Corps, overseas. He was, for some 35 years, Pathologist to the Toronto General Hospital. He was a charter Fellow of the Royal College of Physicians and Surgeons of Canada. He was a past president of the Ontario Association of Pathologists, a member of the Canadian Association of Pathologists, of the American Association of Pathologists and Bacteriologists, and of many other medical and scientific bodies. He was a great pathologist, a great teacher, a great medicolegal expert, and a great Canadian.

He was a pioneer with that small group of Canadian pathologists upon whose shoulders fell the mantles of an Adami and of a Mackenzie. He was easily in the front rank of histopathologists on this continent and abroad. In difficult problems in cancer diagnosis his opinion was widely sought and seldom questioned. His presentations at meetings of pathologists and physicians were always of a high order and were accepted as authoritative. His research into the structure and functions of the spleen was a very material contribution to the knowledge of the subject.

His wide and deep knowledge of pathology, his orderly mental processes, his clarity of expression, and his love of teaching, were all reflected in lectures and demonstrations of surpassing quality. The impact of his great ability, and of the charm of his personality on succeeding generations of medical students for more than 30 years, was of incalculable value to Canadian Medicine. Thousands of Canadian physicians are, today, better men and better physicians because of him.

As a medicolegal expert he had few equals. His thorough knowledge of the subject, his ability to express clearly what he meant, and the logic of conclusions drawn, made him the ideal expert witness. His innate sense of fairness and justice, and his strict impartiality, earned him the respect of both prosecution and defense. He played a part in many of the more important criminal trials in Toronto and Ontario for well-nigh 30 years, and his opinions and conclusions were rarely contested. His great ability in this field was attested by the fact of his appointment as consultant in medicolegal matters to the Government of Ontario.

But those of us who were his classmates, and, particularly, those of us whose good fortune it was to be more closely associated with him in professional or other capacities during his busy life of service at the Banting Institute, acknowledge a special debt of gratitude. He always had time for his friends. No trouble was too great when a colleague needed and sought advice and assistance. His loyalty to his ideals, his philosophy of life and of living, his understanding and love of human nature enthroned him in the hearts of all who came to know him well.

He has passed to his reward, leaving with us a rich legacy of service and achievement, and a memory which will not soon fade. In the words of the immortal John McCrae, author of "Flanders Fields,"

"God meteth him not less, but rather more,
Because he sowed, and others reaped his store."

DR. WILLARD P. THOMPSON, 55, died in Chicago, Ill., on March 23. Born in Fredericton, N.B., he graduated from Harvard University medical school and became one of the leading endocrinologists in the United States. He was a clinical professor of medicine at the University of Illinois College of Medicine. Dr. Thompson served as president of the American Geriatric Society and was a former president of the American Goiter Association and the Chicago Medical Society.

DR. JOHN WEBSTER, a pioneer in Canadian neurosurgery, died at Whitby, Ont., on March 26. Born in Toronto, he graduated from the old Toronto Medical School in 1889 and in the following year he entered the Ontario Mental Hospital Service where he remained for 48 years. He was at the Kingston Hospital from 1890 until 1900 and for the next 20 years was at Hamilton. In 1920 he joined the staff of the Ontario Hospital at Whitby where he became assistant superintendent. In 1934 he retired officially but continued as radiologist for another four years. Dr. Webster was believed to be the first surgeon in Ontario to operate in search of brain scar tissue. He published a paper on this subject in 1894. He was widely known for his contributions to his chosen branch of medicine and, up until a month before he died, he watched with interest the latest developments in the field of mental health and the expansion of the Ontario Mental Hospital Service. Dr. Webster passed his 90th birthday the week before his death. He is survived by one daughter.

ABSTRACTS from current literature

MEDICINE

An Evaluation of Anticoagulant Therapy in Myocardial Infarction Based on Prognostic Categories.

FURMAN, R. H., BALL, C. O. T., GALE, R. G., BILLINGS, F. T. JR. AND MENEELY, G. R.: *AM. J. MED.*, 14: 681, 1953.

Dicoumarol or dicoumarol and heparin were administered during 100 episodes of acute myocardial infarction. An earlier group of 211 patients served as controls. Patients were sorted into prognostic categories according to the following criteria: (1) Very poor risks: (a) the attack was the patient's first; shock and diabetes or shock and azotemia were present; (b) a previous attack had occurred; shock was present or congestive failure and diabetes and azotemia were present. (2) Poor risks: shock, congestive failure, diabetes or azotemia was present within the first week of admission. (3) Good risks: none of the concomitant manifestations in groups 1 and 2 were present.

Anticoagulants failed to improve the mortality in the "very poor risk" category. The mortality in the "good risk" category was very small with or without anticoagulants. The beneficial effects of anticoagulants were most apparent in the "poor risk" group of patients and then chiefly so in those less severely ill. Such beneficial effects cannot be entirely ascribed to a reduction in incidence of thromboembolic phenomena.

The need for further evaluation of anticoagulant therapy in myocardial infarction within a framework of prognostic categories is emphasized. S. J. SHANE

Parenteral Administration of Trypsin: Clinical Effect in 538 Patients.

INNERFIELD, I., ANGRIST, A. AND SCHWARTZ, A.: *J. A. M. A.*, 152: 597, 1953.

This paper presents clinical observations on 6,456 trypsin infusions in 538 patients, which suggest that trypsin